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APR 2 9 2020

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES RESOURCES

STATEMENT OF COMPLETION

FOR SUBMITTING PROOF OF BENEFICIAL USE

| FOR OFFICE USE ONLY |
|--------------------------|
| Amt. of Fee \$50. 00 |
| Receipt No |
| Receipted By |
| Date Receipted 4-24-2040 |
| |

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** <u>and</u> that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at <u>idwr.idaho.gov</u> for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are <u>not</u> applying for an extension, please notify the Department in writing.

| 1 | Permit No. 63-34228 | | Telephone No. | 208-870-9349 | | | | |
|-----|---|------------------------------|--|-------------------------------|----------------|-----------------|-------|--|
| | Name of Permit Holder(s) Greg | orv L Dickerson an | | 200 070 0040 | 7 | | | |
| | . Mailing Address 13506 Burgundy Place City Caldwell | | | | | | | |
| | State ID Zip 83607 | | greamsw@gmail.com | City Galdwell | | | | |
| 4. | Source of Water Ground Water | | | roll) Dota Drillad | 8 | , 2 | | |
| | Well Driller Coonse Well Drilling | | Drilling Rosmit N | veii), Date Drilled in | 10 | _ / yr <u>~</u> | 017 | |
| 5. | Well Driller Coonse Well Drilling Drilling Permit Number 883319 Extent of use(s) completed as authorized by the water right permit: | | | | | | | |
| | | | | | | | | |
| | Domestic (No. of households) Stockwater (No. and type of stock) Irrigation (No. of acres) 4.5 Other | | | | | | | |
| 6. | Total rate of diversion or storage | volume for which | proof is submitted 0.0 | ofo OB | | £1 | | |
| | Total rate of diversion or storage volume for which proof is submitted0.06cfs ORacre-feet. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met. | | | | | | | |
| | Measuring Device | Is a measuring d | | | Yes □ Yes □ | No ☑ No □ | | |
| | Lockable Controlling Device | Is a lockable dev | rice required to control exable device been install | the diversion? | Yes ☐ Yes ☐ | No ☑ No ☐ | | |
| | Fish Screen | ls a fish screen r | | | Yes □ | No ☑ | | |
| | 011 0 1111 | If yes , has the fish | h screen been installed? | | Yes 🗌 | No □ | | |
| | Other Conditions of Permit Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information. | | | | | | | |
| 8 | Fee Enclosed \$ \$50 | | | | | No 🗌 | | |
| 0. | Fee Enclosed \$ <u>\$50</u> or no Proof statements filed without an | appricable □. Se | ee tee schedule on page ill be considered incompl | 2 of the instructions ete. | • | | | |
| | Person to contact to accompany the Department representative during field examination of the water system. | | | | | | | |
| | Name Greg Dickerson Telephone Number 208-870-9349 | | | | | | | |
| | Mailing Address 13506 Burgund | y Place | | City Caldwell | | | | |
| | State ID Zip 83607 | Email <u>9</u> | regmsw@gmail.com | | | | | |
| the | e information given on this form veloped and water has been dive permit is relinquished to the S | erted and applied | ment of the extent to wh to a beneficial use. I un | derstand that any । | undevelop | ed portio | on of | |
| Sig | nature of Permit Holder | clude your title, if on | behalf of company or organ | Date | 4/27 | 12020 | > | |

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098 Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

> GARY SPACKMAN Director

MAY 4, 2020

GREGORY L DICKERSON ALITA M RUBY 13506 BURGUNDY PL CALDWELL ID 83607

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 63-34228

Dear Permit Holders:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idaho.gov.

If you have any questions concerning the field examination, please contact the Western Region Office of the Department located in Boise at (208) 334-2190.

Sincerely,

Technical Records Specialist

Enclosures

c: SPF WATER ENGINEERING LLC - via email